

## **PURCHASE ORDER**

DELIVERY DUE DATE: 0/30/22

Procurement Unit Tel No.: 045-606-8142/606-8157

Supplier: NEW TARLAC NORTHERN MARKETING F. Tañedo St., Poblacion, Tarlac City Address:

Type of Business:

Merchandising

TIN No.: Tel. No.: 044-072-420-000 VAT Reg. (045)493-2293/0918-877-0788 PR No .:

2022-06-144

PO No.:

2022-370

Date: Mode of Procurement: 8/19/2022 Small Value

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

| Place of Delivery:<br>Date of Delivery: |      | TARLAC STATE UNIVERSITY   | Delivery Term:<br>Payment Term: |           | 30 calendar days<br>N/15 |
|---|------|---|---------------------------------|-----------|--------------------------|
| Item No.                                | Unit | Description   | Quantity                        | Unit Cost | Total Cost               |
| 2                                       | unit | COFFEE MAKER, Asahi Drip Coffee Maker Cm-033,<br>Metal Housing, 12 Cups Capacity, 900w, With Thermal<br>Cutoff Fuse, Drip Stop, LCD Display Programming, Brew<br>Mode Function, Warming Plate, Pause And Serve<br>Function, Cord Storge | 1                               | 3,250.00  | 3,250.00                 |
|   |      | **************************************  |                                 |           |                          |
|   |      |   |                                 |           |                          |
|   |      |   |                                 |           |                          |
|   |      |   |                                 |           |                          |

(Total Amount in Words) Three Thousand Two Hundred Fifty Pesos Only

Warranty shall be for a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) Year for nonexpendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

Conforme:

Ju 621-4 NEW TARLA¢ NORTHERN MARKETING

(Signature over printed name & date)

Bank Account Name: Bank Account Number:

Bank Name: Bank Address:

Funds Available:

JASPER A. YAUDER, CPA **Budget Officer** 

Form No.: TSU-PRO-SF 09 Revision No. 03

Very truly yours,

DR. GRACE N. ROSETE Vice President for Administration

Authorized Official

ALOBS No.: 12-(01101-1012-08- 0995

Amount: \$ 3,250-

Effectivity Date: August 24, 2020

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